

**FORECLOSURE MEDIATION  
CERTIFICATE**

JD-CV-108 New 7-09  
P.A. 09-209

STATE OF CONNECTICUT  
SUPERIOR COURT  
JUDICIAL BRANCH  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions to Homeowner Applicant**

1. Use this form if return date in your case is on or after July 1, 2009.
2. Fill out this Certificate form and an Appearance form, JD-CL-12 (available at the courthouse or online at [www.jud2.ct.gov/webforms](http://www.jud2.ct.gov/webforms)) and file them with the court not more than 15 days after the return date on the Summons.
3. You must mail or deliver a copy of this completed Certificate form to the plaintiff's attorney, or to the plaintiff if the plaintiff is not represented by an attorney.

**Type or Print Legibly**

Name of case ( <i>Plaintiff on Summons vs. Defendant on Summons</i> )		Docket number ( <i>To be filled in by court staff</i> )
Return date ( <i>On upper right portion of Summons</i> )	Judicial District of ( <i>On upper left portion of Summons</i> )	

**Homeowner(s) Information**

Your name(s)		
Address ( <i>Number, street, town, state, zip code</i> )		
Telephone number (   )	Business phone (   )	Cell phone (   )

- Is this property your primary residence? ☐ Yes ☐ No
- Do you occupy the property? ☐ Yes ☐ No
- Is it a 1, 2, 3 or 4 family residential property located in Connecticut? ☐ Yes ☐ No
- Are you the borrower? ☐ Yes ☐ No
- Is this a mortgage foreclosure? ☐ Yes ☐ No

Signed	Print name of person signing	Date signed
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Name and address of each party (*plaintiff's attorney, or the plaintiff if the plaintiff is not represented by an attorney*) this Certificate was mailed or delivered to:\*

Name ( <i>Of each party (plaintiff's attorney, or the plaintiff if the plaintiff is not represented by an attorney) copy was mailed or delivered to</i> )	Address ( <i>At which copy was mailed or delivered</i> )

\*If necessary, attach an additional sheet or sheets with the name of each party (*plaintiff's attorney, or the plaintiff if the plaintiff is not represented by an attorney*) and the address at which the copy was mailed or delivered to.

I certify that a copy of this Certificate was mailed or delivered to the plaintiff's attorney, or to the plaintiff if the plaintiff is not represented by an attorney, on (*Date mailed or delivered*): \_\_\_\_\_

Signed ( <i>Attorney or self-represented party completing form</i> )	Print name of person signing	Telephone number
Address ( <i>Number, street, town, state, zip code</i> )		